Approved for use through 08/31/2008. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

required to respond to a collection of information unless it contains a valid OMB control number Complete if Known Under the Paperwork Reduction Act of 1995, no persons Substitute for form 1449/PTO Application Number 10/584,930 INFORMATION DISCLOSURE Filing Date 03-31-2008 STATEMENT BY APPLICANT First Named Inventor Nilsson Art Unit 1614 (Use as many sheets as necessary) Examiner Name Attorney Docket Number Sheet 12 2 34112-002 of

		NON PATENT LITERATURE DOCUMENTS		
Examiner Initials*	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²	
/Y.C./		WOLFE et al., Scope and Limitations of the Pd/BINAP-Catalyzed Amination of Aryl Bromides, J. Org. Chem, 2000, vol. 65, pp. 1144-1157		
		1		

Signature	/Yong Chu/	Considered	,,			
*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.						

Date

05/26/2010

Examiner

¹ Applicant's unique clustion designation number (optional). 2 Applicant is to place a check mark here if English language Translation is statisched. This solication of information is required by 37 CFR 18.7. The information is required to obtain or retain a benefit by the public which is to fie (and by the USPTO to process) an application. Confidentially is governed by 35 U.S. C. 122 and 37 CFR 114. This collection is estimated to take 2 hours to complete, including gathering, preprint, and submitting the completed application from to the USPTO. This will very depending upon the individual case, you comments on the USPTO. This will very depending upon the individual case, you comments on the Trademark Office. P.O. Box. 1450. Alexandris, VA. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O., Box. 1450. Alexandris, VA. 22313-1450.